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New Patient Referral Form

If you are interested in becoming a new patient, please complete the following questions and return to the office in one of the following ways:

- 1-Email to kunicorp@gmail.com
- 2-Fax to 206-405-3604
- 3-Send by mail

Patient Name: _____ DOB: _____

Patient's Age: _____

Parent(s) Name (If a child): _____

Best Contact Number: _____ Email address: _____

Who were you referred by? _____

Is there a current therapist? If so, name and frequency _____

Reason for interest in becoming a new patient? _____

Are there any current or past hospitalizations? _____ Date(s): _____

Is there any current or past?: Self Harm Suicidal Ideation/Attempts Aggressive Behavior

Is there any other information you would like us to know?: _____

We will contact you within 7 days to discuss scheduling an appointment if the schedule allows. However, if we are unable to accommodate your needs, we are able to provide you with alternate referrals for care.